

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 10-30-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office visits, physical medicine treatments, therapeutic procedures, ultrasound therapy, and myofascial release rendered from 11/1/02 through 12/20/02 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed service.

This Findings and Decision is hereby issued this 16th day of March 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 11/1/02 through 12/20/02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This order is hereby issued this 16th day of March 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
RL/rlc

NOTICE OF INDEPENDENT REVIEW DECISION

Date: March 5, 2004

MDR Tracking #: M5-04-1112-01
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic reviewer who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

It appears the claimant suffered left upper extremity and shoulder girdle injury when his hand became stuck in a conveyor belt mechanism. It appears the conveyor belt latched onto his glove and forced his arm into the mechanism. In an effort to try to pull his arm out, the claimant strained his left upper extremity including the left side of his neck and left shoulder girdle region. The claimant saw ___ who felt the claimant had wrist, hand, shoulder, and neck sprains. The claimant underwent some initial physical therapy in what appears to be early August 2002, but the duration of this physical therapy appeared to be relatively short and may have only been directed toward the claimant's hand. ___ did mention that he felt the upper back and left shoulder would be considered compensable given the mechanism of injury.

The claimant ended up seeing ____ in early November 2002 due to ongoing complaints and he mainly received physical therapy under the direction of _____. I believe _____ only saw him for occasional office visits for monitoring purposes and overall patient management. A peer review rebuttal letter from _____ was reviewed and a physical therapy rebuttal letter or letter of medical necessity was also reviewed. It was felt the claimant had levator scapulae muscle syndrome as well as upper mid-back and general left shoulder girdle involvement. The claimant also saw _____, who is a physical medicine and rehabilitation specialist, and it was felt the claimant had significant spasm and trigger points in the left levator and upper trapezius musculature. This was well documented. The claimant received trigger point injections into these areas on 11/27/02 from _____ and reportedly only received about 18 hours of relief. In fact, a 12/2/02 physical therapy note revealed the claimant was in severe pain, therefore, the long lasting effects of the injections of 11/27/02 were not well received, in fact Botox injections were recommended to the same area; however, it does not appear these have been done. The claimant was eventually recommended to see _____ an orthopedist, due to ongoing problems which were felt to be related to the upper thoracic disc protrusions which were reportedly documented via thoracic spine MRI. It should also be noted the claimant did not respond well at all to thoracic medial branch blocks, therefore it was felt the thoracic facets were not a pain generator. It should also be noted that cervical radicular syndrome was ruled out via electrodiagnostic testing and a cervical MRI was reported as normal.

Another note revealed the claimant did not appear to have thoracic outlet syndrome as well. Therefore, there was some difficulty in identifying the pain generator; however, it appears the claimant's main pain generator at this time appeared to be the left shoulder girdle musculature and he may have some upper thoracic disc nerve root irritation for which he is being referred to _____.

Requested Service(s)

The medical necessity of the outpatient services including office visits, physical medicine treatment, therapeutic procedures, ultrasound therapy, and myofascial release rendered on the dates from 11/1/02 through 12/20/02.

Decision

I disagree with the insurance carrier and find that the services in dispute were medically necessary at the time they were rendered.

Rationale/Basis for Decision

There were several difficulties with this case. The pain generator was difficult to identify and this did take a while, as mentioned above in the body of the report. The claimant's cervical MRI and upper extremity electrodiagnostic testing was normal for cervical radicular problems or significant disc herniations or protrusions. The claimant only had electrodiagnostic evidence of left sided carpal tunnel syndrome for which he did undergo a release surgery in December 2002.

The services in dispute are mainly in regard to the left shoulder and mid-back problem and not the carpal tunnel syndrome physical therapy. The claimant was also felt not to be demonstrating evidence of thoracic outlet syndrome. It was also felt the claimant did not have significant thoracic facet disease or pain at those levels. The pain generator appeared to be limited to the myofascial structures involving the left shoulder girdle and upper trapezius region including the mid-back rhomboid musculature. The claimant's pain and overall objective findings in the mid-back and left shoulder blade were consistent, in my opinion, with the mechanism of injury as described. The claimant was trying to jerk his left arm out of a conveyor belt mechanism and obviously would sustain significant muscle involvement in the entire left upper extremity and scapular stabilizer musculature including the left side of the neck. ____, who first saw the claimant prior to the initiation of chiropractic care, agreed that the upper back and left shoulder were probably related to the mechanism of injury. The documentation also suggests that although the claimant received some physical therapy under _____ direction, the amount of physical therapy was minimal in duration and seemed only to be directed to the left hand. Physical therapy only appeared to consist of about 6 visits as well. Subsequent to 10/30/02 the physical therapy documentation and the documentation from ____ was also quite convincing and persuasive from an objective point of view that the claimant had substantial left shoulder girdle and scapular muscle involvement. It should also be mentioned that a rotator cuff tear was ruled out via a normal MRI. The claimant also had a normal cervical MRI and no electrodiagnostic evidence of cervical radiculopathy. The claimant was not felt to have thoracic outlet syndrome or thoracic facet syndrome as well. This would obviously leave the pain generator to likely be the left shoulder girdle musculature and scapular stabilizer musculature. The claimant could also have an upper thoracic disc involvement; however, it is my opinion the spasms and trigger points which were well documented were definitely injury related and were appropriately addressed. The physical therapy was not that successful in retrospect; however, at the time the services in dispute were rendered the claimant was certainly entitled to a trial of conservative physical therapy and the type, frequency and duration of the services rendered, in my opinion, were appropriate. The physical therapy was also directed toward the effects of the compensable injury.

The overall patient management has been good given the difficulties involved with the identification of the pain generator. Appropriate orthopedic referrals and other referrals have been made.